PCA – Overpayment and Collection

Purpose: To ensure that identified overpayment to provider is collected.

Identification of Roles:

- Accounting Assistant Maintains accounts receivable (A/R) system and prepares Monthly Report.
- 2. <u>Senior Accountant/Analyst</u> reviews Monthly Report.
- Supervisor and Manager may review Overpayment Report and Monthly Report

Performance Standards:

Not sure if the performance standard is in the RFP

Path of Business Procedure:

Identify Overpayment and Create Invoice for Accounts Receivable (A/R)

This procedure starts at the time an overpayment notice is identified and the provider is notified.

- Step 1: At the time the provider is notified of an overpayment, an invoice needs to be created in the accounts receivable system.
 - a. Invoice number should be at least 12 digits = legacy provider number + MM + YY + last digits will be determined based on the provider type. The month and year corresponds to the fiscal year end of the cost report that created the overpayment. For all cost settlements except waiver services the 12th digit will be a TS for tentative settlement and FS for final settlement. For waiver services the following will be used:
 - 1. BI for brain injury
 - 2. ID for Intellectual Disability
 - 3. CMH for Children's Mental Health
 - 4. IH for ill & handicapped
 - 5. EL for Elderly
 - 6. HV for HIV
 - 7. PD for physical disabilities

- b. Invoice date = settlement date ie date of the letter to the provider. This is the date of discovery.
- c. Amount = amount of the overpayment identified.
- Step 2: If the provider is not currently set up as a customer, you will need to create a customer account. The following fields need to be completed in Peachtree:
 - a. Customer Identification (I.D.) = legacy provider number, don't include the dash
 - b. Name = provider name
 - c. City, State

Monitor Delinquency of Payments

After 35 days from the date of the letter, if payment from the provider has not been received or a repayment plan request has not been received, contact the facility to determine what their intentions are.

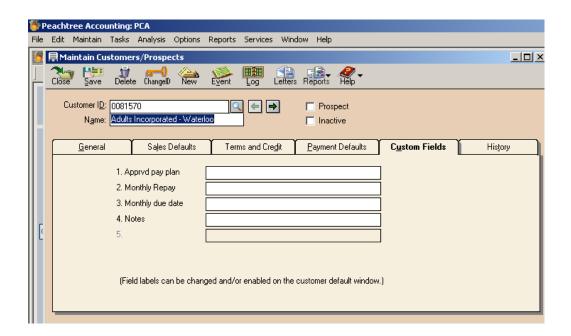
- Step 1: If provider states that check has been mailed see if they can provide the check number and the date the check was mailed.
- Step 2: If provider states that they do not plan to mail check but prefer to have future claims adjusted, prepare a gross adjustment for review. "Gross Adjustment Form" file is saved in share drive. After form has been reviewed, enter into OnBase. After the gross adjustment has been entered by the Core unit, review the claims history subsystem to determine that all gross adjustments and amounts were entered correctly. Notify Core if any errors are found. The claims system will need to be reviewed after each payment cycle to determine the amount of claims offset.
- Step 3: If provider states they need a repayment plan, send provider the "Repayment Plan Requirements" letter. See "Process Repayment Plan Requests" section below.

Process Repayment Plan Requests

- Step 1: Provider must request a repayment plan.
- Step 2: When a repayment plan is requested, send the provider the "Repayment Plan Requirements" letter saved in the IMCARS_template_letters directory. Provider must submit a proposed payment plan along with documentation to support their request.
- Step 3: PCA reviews documentation submitted by provider and determines if repayment plan should be approved.
- Step 4: After review is complete send the "Repayment Plan Notification" letter to the provider. Letter is saved in IMCARS_template_letters directory.
- Step 5: If the first payment is received with the documentation, post the receipt to the A/R and complete gross history adjustment in OnBase and submit to Core.

How to complete the gross history adjustment is detailed in the "Update Check Receipts in MMIS" section below.

Step 6: Update the customer profile in Peachtree under maintain customers, custom fields tab.



Step 7: Complete items 1 - 4 on the Custom Fields tab.

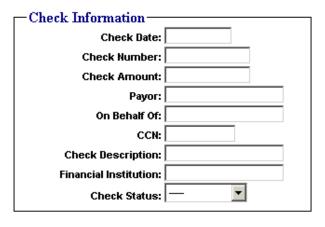
Identify Payments

Receipt of Payment Via Claims Offset

Step 1: If a gross adjustment was entered into the Medicaid Management Information System (MMIS) as the means of receiving payment via an offset to future claims, review the claims history and/or remittance advice after each payment cycle to determine if there is an offset amount. If the adjustment is larger than current claims submission, it may take multiple payment cycles before the entire amount has been collected (offset).

Receipt of Payment Via Checks in OnBase

- Step 1: The Miscellaneous check queue in OnBase is reviewed daily to determine if any overpayments have been received.
- Step 2: If a check has been identified in Onbase, complete the following steps:
 a. Double click "Log Check" button or choose "Workflow, Log Check" from the menu bar. The following e-form will appear. Complete all fields.

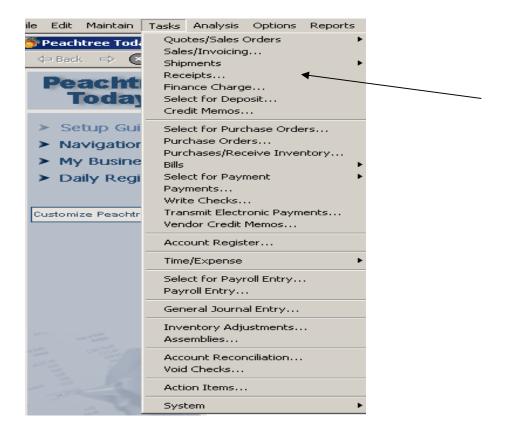




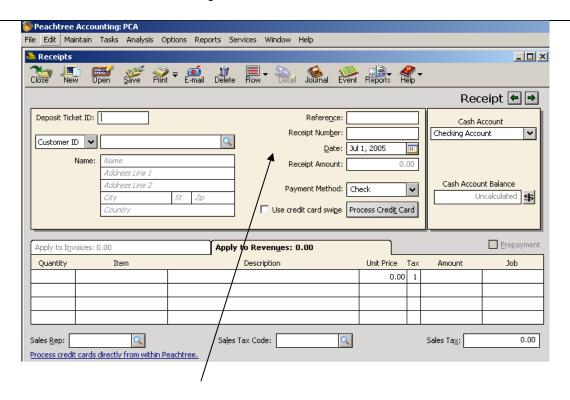
- b. CCN is the cash control number which is an eleven digit number made up of the following: First 7 digits = Julian date; eighth digit represents our unit = 8; last 3 digits is a rolling number with the first check indexed each day = 001. (The second check indexed for the day = 002. Always start with 001 each day)
- c. Check Description:
- d. 4 options are available for check status:
 - 1) Deposit Choose this if the check is ready to be deposited.
 - 2) Hold Choose hold if further research is needed.
 - 3) Return Choose return if the check needs to be returned to sender.
 - 4) Void Choose void
- e. Change Unit to Provider Cost Audit.
- f. Once you are finished click the "Submit" button on the bottom of the eform.
- g. Print a copy of the check log e-form and write the date indexed. This will be needed when posting the receipt to the A/R.
- h. The final step is to double click the "Completed" button. DO NOT FORGET THIS STEP.

Post Receipts in Accounts Receivable

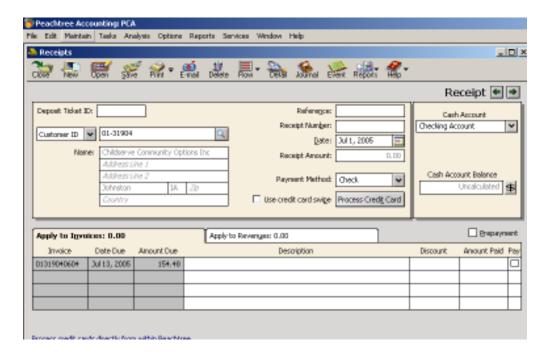
- Step 1: After checks have been logged and completed in OnBase and offsets identified in MMIS, the receipt will be posted in the A/R system.
- Step 2: Open Peachtree and choose "Receipts" from the "Task" menu. The following is a screen shot.



The following screen shot will appear after "Receipts" is chosen.



Step 3: Click the looking glass to choose the provider name (customer name) you are posting the receipt. The following screen shot will appear after a provider has been chosen.



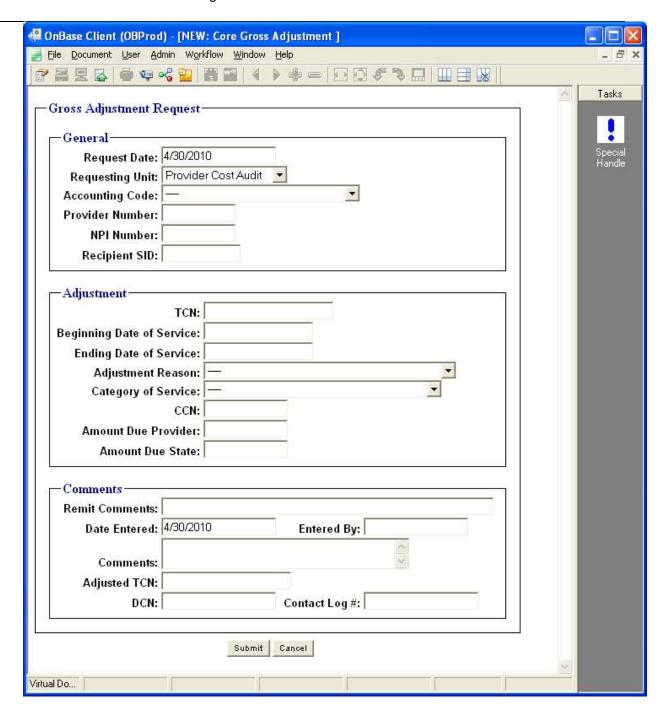
Step 4: The following items will be completed on this screen:

- a. Reference: Key the Cash Control Number (CCN) of the check in this field if payment was received via check. Key the remittance advice number if payment was received via claims offset.
- b. Date: Key the date the check was received at the IME. When posting payments received via claims offset use the "date paid" in the MMIS that is associated with the remittance advice.
- c. Description: Key "Provider Overpayment" in the description box. This is on the "Apply to invoices" tab. There could be more than one invoice. Make sure that you choose the correct invoice for which the payment applies. There could be times where you will key "Civil Monetary Penalties" in the description. The reason for the payment goes here.
- d. Amount: Key the amount of the receipt in this field.
- e. Click "Save" button.

Update Check Receipts in MMIS

Any payments received from the provider must be reflected in the MMIS. A gross history adjustment form is completed in Onbase and sent to Core for all payments received outside the MMIS i.e. checks. The following steps explain how to process a gross history adjustment.

Step 1: Print the "gross adjustment template" from the claims adjustment forms_instructions directory and fill in the fields. A copy follows.



Step 2: Complete all required fields and send to reviewer for sign-off before entering in OnBase.

- a. Request Date: Enter date keyed.
- b. Requesting Unit: Enter Provider Cost Audit
- c. Accounting Code: Key in 7, History only, credit gross adjustment.
- d. Provider Number: Enter legacy provider number all 7 digits

- e. Recipient State Identification (SID): NOT a required field.
- f. CCN: Enter the cash control number (CCN) of the check.
- g. Transaction Control Number (TCN): NOT a required field.
- h. Beginning Date of Service: This is the first day of the cost report period that generated the overpayment.
- i. End Date of Service: This is the last day of the cost report period that generated the overpayment.
- j. Adjustment Reason: Choose 21, "Cost Settlement"
- k. Category of Service: Choose the appropriate category of service from page 2 of MMIS Valid Values booklet.
- I. Amount Due Provider: NOT a required field.
- m. Amount Due State: Enter the amount of the payment received.
- n. Remit Comments: Provider a brief description of why the adjustment is being made.
- o. Entered by: Enter your Onbase userid. This should include the Provider Cost Audit (PCA) part of your userid.
- Comments, Document Control Number (DCN)and Contact Log#: These are NOT required fields.
- Step 3: After reviewer has signed off, key the gross adjustment request in OnBase and click submit button.
- Step 4: After the gross adjustment has been entered by the Core unit, review the claims history subsystem to determine that all gross adjustments and amounts were entered correctly. Notify Core if any errors are found. If no errors are found notify Core that the gross adjustments can be released.

Prepare Monthly Report For Data Warehouse

- Step 1: Prepare monthly report and submit to Data Warehouse. Report will be saved in the DHSIME\ACCT REC directory. The template file is called "AR File Submissions Format" and is saved in the accounts receivable_repayment plan directory.
- Step 2: Most of the data for the report will come from Peachtree and will contain the following fields:
 - a. Month This will have to be keyed into the Excel file and represents the last day of the month for which the report is being created.
 - b. Recovery_unit This will have to be keyed into the Excel file. Key PCA.
 - c. Entity This will come from Peachtree and is the customer name.
 - d. Entity Nbr This will come from Peachtree and is the customer id or legacy provider number.
 - e. Type This is the revenue type. Key Overpayment in this field.
 - f. Invoice date This will come from Peachtree.

- g. Invoice Nbr This will come from Peachtree.
- h. Adj Date This is the date that the check was received at the IME.
- i. Begin Balance This will come from Peachtree.
- j. Inv Amt This is completed for new invoices only and will come from Peachtree.
- k. Pos Adj Amt This is used as a way to increase the provider's balance in the future.
- I. Pmt Amt This will come from Peachtree and is the amount received via cash/check on the invoice during the month.
- m. Offset Amt This will come from Peachtree and is the amount received via claims offset on the invoice during the month.
- n. Red Amt This is used as a way to decrease the provider's balance without payment being received such as a write off or prior period adjustement.
- End Amt This is a formula : Beg. Bal (previous ending balance) + invoice amount + Pos Adj – Receipt – claims offset – Red Amt.
- p. Deposit_date This is the date the check was indexed in Onbase plus two days. This date will have to be entered in to the Excel file.
- q. Deposit control number This is the reference number from Peachtree.
- r. Referring Unit Any A/R that has not been collected will be transferred to Revenue Collections to pursue collections or being write-off process.

Notes – include if there is a repayment plan in this field.

Forms/Reports:

- 1. Overpayment Report
- 2. Status Report
- 3. Monthly Report

RFP References:

Section 6.7.1.2u

Interfaces:

IME Core unit
Medicaid Management Information System (MMIS)
Data Warehouse
Department of Human Services Fiscal Management
Iowa Medicaid Cost and Reporting System (IMCARS)

Attachments:

Form 470-4425 -

Iowa Department of Human Services Iowa Medicaid Enterprise (IME) Provider Cost Audit and Rate Setting Unit

http://www.ime.state.ia.us/docs/HabilitationWaiverCostReport.xls